VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 28, 2012

Mr. John Danforth, Administrator
Redstone Villa
7 Forest Hill Drive
St. Albans, VT 05478-1615

Provider #: 475055

Dear Mr. Danforth:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **May 30, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475055	A. BUILDING _____ B. WING _____	C 05/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDSTONE VILLA	7 FOREST HILL DRIVE ST ALBANS, VT 05478

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 05/30/2012. The following regulatory deficiencies were cited as a result of the investigation.	F 000	Redstone Villa, (the "Provider") submits this plan of correction, (POC), in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party any civil or criminal action against the Provider or any employee, agent, officer, director or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings, that are relied upon to adversely influence or serve as a basis, in any way, for the selection and / or imposition of future remedies, or for any increase in future remedies, whether any such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the State of Vermont or any other entity. Any changes to Provider Policy or Procedure should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis.	
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the *additional* assessment performed on the care areas triggered by the completion of the Minimum	F 272	**F272 Comprehensive Assessments** **1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?** Resident was comfort care due to end stage carcinoma of the lung. Resident expired on 5/22/12. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice?** All new admissions are at risk by this alleged deficient practice.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: John Patrick Danforth | TITLE: Administrator | (X6) DATE: 6/19/2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 272	Continued From page 1 Data Set (MDS); and Documentation of participation in assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to conduct an initial assessment of a resident (Resident #1) upon admission to the facility. Findings include: Per record review and staff interviews, Resident #1 (R#1) was admitted to the facility at 3 PM on 05/21/2012. There is no evidence of a baseline assessment of the resident (to include vital signs, pain assessment, review of systems and cognitive and functional status among other things) in the record. The resident died on 5/22/12. The finding was confirmed by the Director of Nursing Services at 1:30 PM on 05/30/2012.	F 272	**3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** Re education of all Licensed Nurses on Admission Nursing Evaluation by 6/30/12.. **4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?** DNS/Designee will audit all new admissions for timeliness of completion of Nursing Admission Evaluations for 3 months. Results will be reviewed at the quarterly QA meeting. **5. Include dates when a corrective action will be completed.** DNS will be responsible for monitoring to assure compliance by 6/30/12.. F272 POC accepted 6/21/12 MHiggins RN/BSN **F282 Services by Qualified persons/per care plan** **1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?** Physician was notified on 5/22/12 of medication error of morphine. LPN received a written warning for medication error 0n 5/24/12. LPN received re-education on medication administration of morphine on 5/26/12 and 6/1/12. All Licensed Nurses were re-educated on medication administration protocol by 5/30/12. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice?** All Residents who receive medications are at risk by this alleged deficient practice.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the	F 282		

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F 282	Continued From page 2 facility failed to assure that services were provided according to the written plan of care and/or physician's orders for one applicable Resident (R#1). Findings include: Per record review and staff interviews the Plan of Care for Resident #1 (R#1) calls for administration of medications according to Physician's Orders. The signed physician's orders dated 05/21/2012 and the written prescription dated 05/21/2012 both state Roxanol 20 mg/ml (milligrams per milliliter) 10 mg SL (sublingual) Q1H (every 1 hour as needed) PRN Pain/ Respiratory Distress, indicating the dose ordered was 10 mg. On 05/21/2012 a bottle of stock Morphine with a concentration of 10 mg per 5 ml was opened for use for R#1 until the pharmacy was able to obtain and deliver the ordered medication. The DNS confirmed, in an interview on the afternoon of 05/30/2012, that neither the physician or pharmacist was notified of the discrepancies in medication concentration. The nurse on duty on 5/21/12 administered Morphine 10 ml (20 mg) at 7 PM, 8 PM, 9 PM, and 10 PM according to the MAR (Medication Administration Record) and/or Controlled Drug Record. The medication error was discovered and reported during the controlled drug count at change of shift on the morning of 05/22/2012 according to the Director of Nursing Services (DNS) in an interview at 11:30 AM on 05/30/2012. The Controlled Drug Record indicated that Morphine 5 ml (10 mg) was administered by the night nurse (LPN) at 11 PM (on 5/21/12), Midnight, 1 AM, 2 AM, 3 AM, and 4 AM on 5/22/2012. There is also one dose of Morphine	F 282	**3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** Re- education of all Licensed Nurses on notifying Pharmacy and Physician when a discrepancy in medication order is noted by 6/30/12. **4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?** Random Medication audits will be done for 3 months by DNS/ designee. Results will be reviewed at quarterly QA meeting. **5. Include dates when a corrective action will be completed.** DNS will be responsible for monitoring to assure compliance by 6/30/12.. F282 POC accepted 6/21/12 MHiggins RN/Surv	

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F 282	Continued From page 3 (10 mg) recorded at 8 AM on 05/22/2012 by the day shift RN. The 8 AM dose was the last dose administered to the resident before his death at 06:10 PM (pronounced at 06:40 PM) on 05/22/2012. The pharmacy delivered the ordered medication in the prescribed concentration on 05/21/2012 in the late evening, however staff continued to administer the medication from the opened back-up stock rather than discard it.	F 282		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them ~~under an agreement described in~~ §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by:	F 425	**F425 Pharmaceutical SVC-Accurate Procedures, RPH** **1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?** Physician was notified on 5/22/12 of medication error of morphine. LPN received a written warning for medication error on 5/24/12. LPN received re-education on medication administration of morphine on 5/26/12 and 6/1/12. All Licensed Nurses were re-educated on medication administration protocol by 5/30/12. **2. How will the facility identify other residents having the potential to be affected by the same deficient practice?** All Residents who receive medications are at risk by this alleged deficient practice.	

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F 425	Continued From page 4 Based on record reviews and staff interview the facility failed to provide pharmaceutical services that assure accurate dispensing and administration of medications for 1 applicable resident (Resident #1). Findings include: Per record review and staff interviews the Plan of Care for Resident #1 (R#1) calls for administration of medications according to Physician's Orders. The signed physician's orders dated 05/21/2012 and the written prescription dated 05/21/2012 both state Roxanol 20 mg/ml (milligrams per milliliter) 10 mg SL (sublingual) Q1H (every 1 hour as needed) PRN Pain/ Respiratory Distress, indicating the dose ordered was 10 mg. On 05/21/2012 a bottle of stock Morphine with a concentration of 10 mg per 5 ml was opened for use for R#1 until the pharmacy was able to obtain and deliver the ordered medication. The DNS confirmed, in an interview on the afternoon of 05/30/2012, that neither the physician or pharmacist was notified of the discrepancies in medication concentration. The nurse on duty on 5/21/12 administered Morphine 10 ml (20 mg) at 7 PM, 8 PM, 9 PM, and 10 PM according to the MAR (Medication Administration Record) and/or Controlled Drug Record. The medication error was discovered and reported during the controlled drug count at change of shift on the morning of 05/22/2012 according to the Director of Nursing Services (DNS) in an interview at 11:30 AM on 05/30/2012. The Controlled Drug Record indicated that Morphine 5 ml (10 mg) was administered by the night nurse (LPN) at 11 PM (on 5/21/12), Midnight, 1 AM, 2 AM, 3 AM, and 4 AM on	F 425	**3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** Re-education of all Licensed Nurses on notifying Pharmacy and Physician when a discrepancy in medication order is noted by 6/30/12. **4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur** Random Medication audits will be done for 3 months by DNS/Designee. Results will be reviewed at quarterly QA meeting. **5. Include dates when a corrective action will be completed.** DNS will be responsible for monitoring to assure compliance by 6/30/12. F425 POC accepted 6/21/12 MHiggins RN/ Education	

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F 425	Continued From page 5 5/22/2012. There is also one dose of Morphine (10 mg) recorded at 8 AM on 05/22/2012 by the day shift RN. The 8 AM dose was the last dose administered to the resident before his death at 06:10 PM (pronounced at 06:40 PM) on 05/22/2012. The pharmacy delivered the ordered medication in the prescribed concentration on 05/21/2012 in the late evening, however staff continued to administer the medication from the opened back-up stock rather than discard it.	F 425		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that the record for Resident #1 (R#1) was in accordance with accepted professional standards and contained complete and accurate documentation. Findings include:	F 514	**F514 Records-complete/accurate/accessible** ***1.* How will corrective action be accomplished for those residents found to have been affected by the deficient practice?** LPN was Re-educated on medication Administration protocol on 5/26/12 and 6/1/12. All other Licensed Nurses were re- educated on medication administration protocol by 5/30/12. ***2.* How will the facility identify other residents having the potential to be affected by the same deficient practice?** All residents who receive medications are at risk by this alleged deficient practice. ***3.* What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** Re-education of Licensed Nurses on Medication Administration protocol by 6/30/12.	

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F 514	Continued From page 6 1). Per record review of the Controlled Drug Record for the 7-11 PM shift on 05/21/2012 R#1 received Morphine at 7 PM, 8 PM, 9 PM, and 10 PM. According to the Medication Administration Record (MAR) the resident received Morphine only at 7 PM and 8 PM on 05/21/2012. According to the Progress note written at 11:21 PM the resident received morphine every 1 hour per order, with effect "starting to begin after the third dose." The records, written by one nurse varied in the number of doses administered. 2). Per record review the admitting Physician's Orders and MAR contained the wording transcribed from the prescription sent from the hospital for Roxanol 20 mg/ml 10 ml SL Q1Hour (Pain/Resp Distress) and did not reflect the substituted stock back-up medication which was Morphine Sulfate (Roxanol) 10 mg per 5 ml. The Controlled Drug Record did contain the information for the back-up stock medication and the nurses sign-outs reflected the correct dose of medication per the order with the exception of the 4 doses on 05/21/2012 at 7 PM, 8 PM, 9 PM, and 10 PM which indicate a dosage of Roxanol 10 ml/20 mg for each dose.	F 514	**4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?** Random medication audits will be done for 3 months by DNS or designee. Results will be reviewed at quarterly QA meeting. **5. Include dates when a corrective action will be completed.** DNS will be responsible for monitoring to assure compliance by 6/30/12. F514 POC accepted 6/21/12 MHiggins RN/ PAC	